

EXHIBIT E

STATE OF MICHIGAN

CERTIFICATION OF VITAL RECORD

COUNTY OF WASHTENAW

STATE OF MICHIGAN

02216-03/16

Page 1 of 1 DCT

MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES

STATE OF MICHIGAN
DEPARTMENT OF HEALTH AND HUMAN SERVICES

CERTIFICATE OF DEATH

STATE FILE NUMBER

3909704

1. DECEASED'S NAME (Last, first, middle) KENNETH RICHARD HENKE		2. DATE OF BIRTH (Month, day, year) December 4, 1934		3. SEX Male		4. DATE OF DEATH (Month, day, year) October 26, 2016	
5. NAME AT BIRTH OR OTHER NAME (Last, first, middle) KENNETH RICHARD HENKE				6. PLACE OF BIRTH (State, county, city, township, village, or hamlet) MI		7. USUAL RESIDENCE (State, county, city, township, village, or hamlet) MI	
8. LOCATION OF DEATH (Name of institution, place, or residence) St. Joseph Mercy Hospital				9. CITY, VILLAGE, OR TOWNSHIP OF DEATH Superior Township		10. COUNTY OF DEATH Washtenaw	
11. CURRENT RESIDENCE (State, county, city, township, village, or hamlet) Michigan Oakland		12. LOCALITY (Name of institution, place, or residence) Lewiston		13. STREET AND NUMBER (If applicable) 5641 County Road #612		14. ZIP CODE 49756	
15. PLACE OF BIRTH (State, county, city, township, village, or hamlet) White		16. ETHNICITY (Select all that apply) German/Dutch		17. HIGHEST GRADE OF EDUCATION (If applicable) 12th grade		18. WAS DECEASED EVER IN THE U.S. ARMED FORCES (If applicable) No	
19. USUAL OCCUPATION (If applicable) Press Operator		20. KIND OF BUSINESS OR INDUSTRY Automotive		21. MARITAL STATUS (If applicable) Divorced		22. NAME OF SURVIVING SPOUSE (If applicable) Esther Hendricks	
23. FATHER'S NAME (Last, first, middle) William Henke				24. MOTHER'S NAME (Last, first, middle) Esther Hendricks			
25. DECEASED'S NAME (Last, first, middle) Sheryl Fisher				26. RELATIONSHIP TO DECEASED Daughter			
27. METHOD OF DISPOSITION Cremation				28. PLACE OF DISPOSITION (Name of institution, place, or residence) Perry Mount Park Crematory			
29. LICENSE NUMBER (If applicable) Funeral Home License				30. NAME AND ADDRESS OF FUNERAL FACILITY 5630 Pontiac Lake Rd., Waterford, MI 48327			
31. DATE OF DEATH (Month, day, year) 10/26/2016				32. TIME OF DEATH (Month, day, year) 15:45			
33. MEDICAL EXAMINER'S CASE NUMBER 4300109730				34. NAME OF ATTENDING PHYSICIAN (Last, first, middle) Parvathy, NAME MD			
35. SIGNATURE AND ADDRESS OF CERTIFYING PHYSICIAN (If applicable) Scott Turner, 5301 E. Huron River Dr. Bx. 995, Ann Arbor, MI 48106							
36. SIGNATURE AND ADDRESS OF REGISTER (Last, first, middle) Lawrence Kestenbaum							
37. DATE FILED (Month, day, year) NOV 08 2016							
38. CAUSE OF DEATH (Name of disease, injury, or complication) Septic Shock							
39. ICD-10 CODE (If applicable) C18.9							
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ISSUED WITHOUT FEE

A758927

I, LAWRENCE KESTENBAUM, CLERK/REGISTER OF SAID COUNTY OF WASHTENAW DO HEREBY CERTIFY that the foregoing is a true and exact copy of the original document of file in my office.

11/08/2016

DATED:

LAWRENCE KESTENBAUM
WASHTENAW COUNTY CLERK/REGISTER

ANY ALTERATION OR EMBLURE VOIDS THIS CERTIFICATE